

Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,599,471, granted FEB 4, 1997, and for which a reissue patent is sought on the invention entitled _____

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number ____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

IN THE PATENT # 5,599,471 4 FEB. 1997, THE COMPACT SMOKING OVEN DISCRIBED ONLY AS SMOKING EMBODIMENT. HOWEVER WITHOUT WOODEN CHIPS AND SMOKE THE OVEN WORKS AS A COOKING EMBODIMENT ONLY. THEREFORE A COMPACT SMOKING OVEN WITHOUT CHANGING CONSTRUCTION MAY WORKE AS A COOKING EMBODIMENT.

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number			
OR		Type Customer Number here	
		Place Customer Number Bar Code Label here	
<input type="checkbox"/> Firm or Individual Name		MIKHAIL ZAYDMAN	
Address		3029 BRIGHTON 12 STREET APT C7	
Address			
City		BROOKLYN	State
		NY	ZIP
		11235	
Country		USA	
Telephone		(718) 8911745	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)			
MIKHAIL ZAYDMAH			
Inventor's signature			
Mikhail Zaydman			
Residence		Date	
3029 BRIGHTON 12 St. apt C7		12.16.1998	
Post Office Address		Citizenship	
BROOKLYN NY 11235		UKRAINE REFUGEE	
Full name of second joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			